STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey from September 27, 2023 to September 28, 2023.	D 000		
D 125	10A NCAC 13F .0403(a) Qualifications Of Medication Staff 10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure the 5, 10 or 15-hour medication aide (MA) training was completed for 2 of 3 MAs (Staff A and C) prior to administering medications to the residents, and a Medication Competency Validation Clinical Skills Checklist was completed prior to administering medications to the residents, and completion of the written MA exam within 60 days of completing the Medication Competency Validation Clinical Skills Checklist (Staff C). The findings are: 1. Review of Staff A's, MA, personnel record revealed: -Staff A's date of hire was on 01/30/23.	D 125	Executive Director, Business Office Manager, or designee to audit all current med aide personnel files to determine compliance. Education to be provided to those found to be deficient. Documentation to be added to personnel file. Quarterly review of personnel files to be conducted by Executive Director, Business Office Manager, or designee for ongoing compliance to rule.	10/30/23 11/7/2023 12/29/23 ongoing

Reviewed and acknowledged 11/09/23. C Preston

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 1 -There was no documentation Staff A completed the state approved 5, 10 or 15-hour MA training. -There was documentation she passed the written MA exam on 07/31/13. -There was no documentation she completed the Medication Competency Validation Clinical Skills Checklist. Review of a resident's electronic medication administration record (eMAR) revealed there was documentation Staff A administered medications to residents for 17 days in August 2023 and 19 days in September 2023. Attempted telephone interview with Staff A on 09/28/23 at 4:31pm unsuccessful. Interview with the Business Office Manager (BOM) on 09/28/23 at 4:40pm revealed: -Staff A completed the 15-hour MA training and the Medication Competency Validation Clinical Skills Checklist at a sister facility before she was hired in January 2023. -None of Staff A's completed MA training requirements were currently on file and available for review except for the documentation she had passed the written MA exam. Interview with the Executive Director (ED) on 09/28/23 at 5:05pm revealed: -Staff A completed all their MA training at another facility. -He did not know Staff A's MA training, including the 5, 10 or 15-hour MA training and Medication Competency Validation Clinical Skills Checklist was not on file and available for review. Refer to the interview with the Healthcare Director (HCD) on 09/28/23 at 5:45pm.	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 2 Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 4:41pm. Refer to the interview with the Executive Director (ED) on 09/28/23 at 5:05pm. 2. Review of Staff C's, medication aide (MA), personnel record revealed: -Staff C's date of hire was on 06/22/23. -There was no documentation Staff C completed the state approved 5, 10 or 15-hour MA training. -There was no documentation she passed the written medication aide exam. -There was no documentation she completed the Medication Competency Validation Clinical Skills Checklist. Review of a resident's electronic medication administration record (eMAR) revealed there was documentation Staff C administered medications for 3 days in September 2023. Attempted telephone interview with Staff C on 09/28/23 at 4:36pm unsuccessful. Interview with the Business Office Manager (BOM) on 09/28/23 at 4:40pm revealed: -Staff C completed the 15-hour MA training and the Medication Competency Validation Clinical Skills Checklist at a sister facility before she was hired in June 2023. -Staff C had taken the written MA exam, but her results were not displayed online. -She was not sure when Staff C had taken the written MA exam. -None of Staff C's completed MA training requirements were currently on file and available for review. Interview with the Executive Director (ED) on	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 3 09/28/23 at 5:05pm revealed: -Staff C completed all their MA training at another facility and he thought Staff C had passed the written MA exam. -He was unaware Staff C's MA training, including the 5, 10 or 15-hour training, Medication Competency Validation Clinical Skills Checklist and documentation of passing the written MA exam was not on file and available for review. Refer to the interview with the Healthcare Director (HCD) on 09/28/23 at 5:45pm. Refer to the interview with the Business Office Manager (BOM) on 09/28/23 at 4:41pm. Refer to the interview with the Executive Director (ED) on 09/28/23 at 5:05pm. Interview with the HCD on 09/28/23 at 5:45pm revealed: -The BOM was responsible to ensure MAs completed initial MA training prior to administering medications to residents, including the 5, 10 or 15-hour MA training and the Medication Competency Validation Clinical Skills Checklist. -She was responsible for following up with the BOM to ensure the MA training was completed. Interview with the BOM on 09/28/23 at 4:41pm revealed: -She knew that MA training was not on file for some of the MAs after she completed an audit last week. -She and the HCD were responsible to ensure MA training was completed. Interview with the ED on 09/28/23 at 5:05pm revealed the BOM and HCD were responsible to ensure that required MA training was completed	D 125		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 125	Continued From page 4 prior to medication administration to the residents. The facility failed to ensure the 5, 10 or 15-hour medication aide training was completed for 2 of 3 staff prior to administering medications to the residents (Staff A and C), a Medication Competency Validation Clinical Skills Checklist was completed, and the written MA exam was completed within 60 days of the Medication Competency Validation Clinical Skills Checklist (Staff C), placing the residents at risk for medication administration errors. This failure was detrimental to the health, safety and welfare of residents which constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 9/28/23 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED November 12, 2023.	D 125		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes;	D 164	Audit of all current med aide personnel files to determine compliance. Education to be provided and documented in personnel file. Quarterly review of personnel files by Executive Director, Business Office Manager, or designee for ongoing compliance to rule.	10/30/23 11/17/23 12/29/23 ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 164	Continued From page 5 (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff A) had completed training on care of diabetic residents prior to administering insulin. The findings are: Review of Staff A's, medication aide (MA), personnel record revealed: -Staff A's date of hire was 01/30/23. -There was no documentation she completed training on care of diabetic residents. Review of a resident's electronic medication administration record (eMAR) revealed there was documentation Staff A administered insulin on 09/17/23 at 8:00pm. Attempted telephone interview with Staff A on 09/28/23 at 4:31pm unsuccessful. Interview with the Healthcare Director (HCD) on	D 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 164	Continued From page 6 09/28/23 at 5:45pm revealed she and the BOM were responsible for ensuring MAs completed training on care of diabetic residents. Interview with the Business Office Manager (BOM) on 09/28/23 at 4:41pm revealed: -She thought Staff A had completed training on care of diabetic residents at a sister facility prior to Staff A's hire date in January 2023. -There was currently no documentation on file that Staff A had completed training on care of diabetic residents. -She and the HCD were responsible to ensure the MAs completed training on care of diabetic residents prior to insulin administration to the residents. Interview with the ED on 09/28/23 at 5:05pm revealed: -He thought Staff A had completed training on care of diabetic residents. -He did not know that Staff A's training on care of diabetic residents was not on file and available for review. -The BOM and HCD were responsible to ensure that training on care of diabetic residents was completed prior to insulin administration to the residents.	D 164		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including	D 234	Audit of all current resident charts to determine deficiencies of rule. Provide TB testing for those that do not have a record of TB in chart.	10/30/23 11/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 7 subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 5 sampled residents (#3) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #3's current FL2 dated 08/28/23 revealed diagnoses included post-polio syndrome, coronary artery disease, hypertension, stage 4 chronic kidney disease, and hypothyroidism. Review of Resident #3's resident register revealed an admission date of 10/07/22. Review of Resident #3's physician's order dated 06/08/23 revealed an order to draw a Quantiferon Gold blood laboratory test to test for TB. Review of Resident #3's record for a tuberculosis (TB) skin test revealed: -There was documentation of a TB skin test administered on 09/28/22 and read as negative on 09/30/22. -There was no documentation of a second TB skin test for Resident #3. -There were no Quantiferon Gold TB test laboratory results. Interview with Resident #3 on 09/27/23 at 3:11pm	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 8 revealed: -He remembered receiving the first TB skin test prior to his admission to the facility. -He did not receive a second TB skin test after he was admitted to the facility. -He did not have any blood lab tests drawn in the previous couple of months to test for TB. Telephone interview with a representative from the facility's contracted laboratory on 09/28/23 at 3:00pm revealed: -She was able to see that a Quantiferon Gold laboratory test was entered into the order system by the facility's previous Healthcare Director (HCD) on 06/21/23 but the lab collection was still listed as pending. -The facility staff needed to complete a requisition form and place it in the laboratory book or the lab technicians who went to the facility would not know what lab tests to draw from which patient. -If the lab had not been collected it was because there was no requisition form in the lab book. Interview with the HCD on 09/28/23 at 4:25pm revealed: -She was not aware that Resident #3 was missing a second TB test. -Whichever HCD was employed at the time of Resident #3's admission to the facility would have been responsible for ensuring the completion of his second TB skin test. -The previous HCD was responsible for completing a lab requisition form for Resident #3's Quantiferon Gold TB test or delegating the task to a medication aide (MA). Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware that Resident #3 was missing a second TB test.	D 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 234	Continued From page 9 -The HCD was responsible for ensuring the completion of a two-step TB test for each resident upon admission. -When Resident #3 was admitted to the facility they had temporarily been without a HCD for a period of time and Resident #3's second TB test was missed. -The facility's previously contracted nurse was responsible for completing resident record audits and had never notified him that Resident #3 was missing a second TB test.	D 234		
D 235	10A NCAC 13F .0703 (b) Tuberculosis Test, Medical Examination And Im 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination And Immunizations (b) Each resident shall have a medical examination prior to admission to the facility and annually thereafter. (c) The results of the complete examination required in Paragraph (b) of this Rule are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 5 sampled residents (#1) had a current FL2 completed annually. The findings are: Review of Resident #2's admission FL2 dated	D 235	Audit of all current resident charts to determine deficiencies to rule. Update FL2s for those that did not have a FL2 meeting compliance to standard.	12/29/23 12/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 235	Continued From page 10 02/11/22 revealed: -Diagnoses included cognitive impairment, diabetes mellitus and impaired mobility. -There was no subsequent FL2 available for review. Review of Resident #2's Resident Register revealed he was admitted to the facility on 02/11/22. Telephone interview with Resident #2's family member on 09/28/23 at 8:54am revealed: -He was admitted in February 2022 after she was unable to continue to care for him at home. -He was under the care of the facility provider who would perform any assessments and prescribe orders. Interview with the Memory Care Director (MCD) on 09/28/23 at 4:30pm revealed: -She was responsible for ensuring all memory care residents have current FL2s. -She became employed on 09/09/23 and was in the process of auditing for current FL2s for all memory care residents. -She audited by rooms and had not gotten to Resident #2's record. -She did not know his FL2 was not current until 09/27/23. Interview with the Administrator on 09/28/23 at 5:06pm revealed: -He was aware FL2s were required upon admission and annually thereafter. -The previous HCD was a Registered Nurse (RN) and was responsible for completing FL2s and having providers sign them. -The current MCD was now responsible to ensure providers completed and signed memory care residents FL2s.	D 235		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 235	Continued From page 11 -He expected all residents to have current signed FL2s on admission and annually.	D 235		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 5	D 254	Audit of all current resident charts to determine deficiencies to rule. Healthcare Director, Harmony Square Director, or designee to conduct assessments of each resident within 30 days of admission and at least annually thereafter to meet compliance to rule.	12/29/23 12/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 254	Continued From page 12 sampled residents (#1) had a care plan completed within 30 days of admission. The findings are: Review of Resident #1's current FL2 dated 08/01/23 revealed: -Diagnoses included hypertension, systolic and diastolic heart failure, hyperlipidemia, and rheumatoid arthritis. -She was ambulatory. -She was continent of bladder and bowel. Review of Resident #1's Resident Register revealed that Resident #1 was admitted to the facility on 08/03/23. Review of Resident #1's record revealed there was no care plan available for review. Interview with Resident #1 on 09/28/23 at 2:15pm revealed: -She needed standby assistance for activities of daily living (ADLs) and sometimes needed assistance transferring out of her bed to her chair. -She was independent when she moved into the facility. Interview with a personal care aide (PCA) on 09/28/23 at 2:45pm revealed: -Resident #1 needed standby assistance with grooming, dressing, toileting, ambulation, bathing, and transferring. -Resident #1 was independent with eating. -She encouraged Resident #1 to go downstairs to eat lunch in the dining room every day that the PCA worked, but Resident #1 mostly ate in her room. -She encouraged Resident #1 to participate in	D 254		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 254	Continued From page 13 resident activities but Resident #1 did not seem to want to participate. Interview with a medication aide (MA) on 09/28/23 at 2:55pm revealed: -Resident #1 sometimes required assistance with ADLs. -Resident #1 was walking a dog 5 times a day when she first moved in, but now Resident #1 mostly stayed in her room. Interview with the Healthcare Director (HCD) on 09/28/23 at 5:45pm revealed: -She was aware that an initial assessment and care plan must be completed for each resident within 30 days of moving into the facility. -She did not know a care plan was not completed for Resident #1 prior to 09/27/23. -She was responsible to ensure care plans were completed for residents within 30 days of admission. Interview with the Administrator on 09/28/23 at 5:05pm revealed: -He knew that an initial assessment and care plan must be completed for each resident within 30 days of moving into the facility. -He did not know that Resident #1's care plan was not completed within 30 days of admission prior to 09/28/23. -The HCD was responsible to ensure that resident care plans and assessments were completed within 30 days of admission.	D 254		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record:	D 276	Audit of all current resident charts to determine deficiencies to rule.	12/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 14 (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to implement physician's orders for 3 of 5 sampled residents (#3, #4, #5) related to orders for vital signs twice daily (#3), morning blood pressure checks and weights 3 times a week (#4) and laboratory tests (#3 and #5). The findings are: 1. Review of Resident #5's current FL2 dated 08/11/23 revealed diagnoses included hypertension, atrial fibrillation and irritable bowel syndrome. Review of Resident #5's physician's order dated 08/28/23 revealed an order for laboratory (lab) work of a complete blood count (CBC), comprehensive metabolic panel (CMP) and a magnesium (Mg) level. Review of Resident #5's record revealed there were no CBC, CMP or Mg level lab test results from 08/28/23 through 09/28/23 available for review. Interview with Resident #5 on 09/27/23 at 3:05pm revealed she had her international normalized ratio (INR) checked by home health for her warfarin, but she did not remember having any other lab work collected since she was admitted to the facility.	D 276	Provide education of documentation requirements to med aides for treatment and orders by Healthcare Director, Harmony Square Director, or designee. Healthcare Director, Harmony Square Director, or designee to provide oversight and review of treatment and orders to ensure compliance of documentation.	12/29/23 12/29/23 Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 15 Interview with Resident #5's primary care provider (PCP) on 09/28/23 at 1:38pm revealed: -She wrote an order for routine labs because Resident #5 was a new resident. -There were no problems or incidents, and her INR levels were drawn as ordered. -She just wanted a baseline of her lab work to be able to refer to for her future care. -She expected the facility to ensure the lab tests were drawn for Resident #5 as ordered. Interview with the Healthcare Director (HCD) on 09/28/23 at 3:30pm revealed: -She was not aware Resident #5 had lab tests ordered that were not collected. -When lab tests were ordered for a resident, either a medication aide (MA) or the HCD were responsible for placing a requisition form in the lab book. -Resident #5's lab requisition form was still in the lab folder and was missed, but she did not know why it was missed. -The lab technicians came to the facility to draw labs once per week and only drew labs that had a requisition form. -The lab technician never came to her to inform her that they were not able to obtain Resident #5's blood. -The PCP had never asked her about Resident #5's lab results that were missed. Telephone interview with a representative from the facility's contracted lab on 09/28/23 at 3:35pm revealed: -The facility staff entered lab orders on lab requisition forms for the phlebotomists to collect when they went to the facility. -If the staff did not complete a lab requisition form and place it in the lab folder, the technicians would not know to draw the labs for that resident.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 16 -If they lab technicians were not able to obtain labs for any reason, the lab staff would have reported it to facility staff. -He did not see an order entered for Resident #5's CBC, CMP or Mg. -There was no documentation the facility contacted the lab to follow up on collecting a CBC, CMP or Mg level for Resident #5. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware that Resident #5 had lab tests ordered on 08/28/23 that were never collected. -When a lab order was received, the MA was responsible for placing a requisition form in the lab book and make a copy of the order for the HCD to follow up on. -There was no system in place to check to see that labs with completed requisition forms had been collected. -He expected staff to ensure ordered labs were collected and the results provided to the ordering doctor. 2. Review of Resident #3's current FL2 dated 08/28/23 revealed diagnoses included stage 4 chronic kidney disease, post-polio syndrome, and hypertension. a. Review of Resident #3's physician's order dated 02/27/23 revealed an order to check vital signs (VS) twice daily in the morning and evening due to diagnosis of hypertension. Review of Resident #3's physician's progress note dated 02/21/23 revealed: -Resident #3 reported to his primary care provider (PCP) that his blood pressures had been in the 140-160s systolic. -Resident #3 had denied symptoms of blurred	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 17 vision or headaches. -Resident #3's blood pressure goal was a systolic blood pressure less than 140. -Resident #3 agreed to allow staff to check his VS twice daily for review. Review of Resident #3's resident record revealed there was no order to discontinue checking VS twice daily. Review of Resident #3's August and September 2023 electronic medication administration records (eMAR) and electronic treatment administration records (eTAR) revealed there was no entry to check VS twice daily. Interview with Resident #3 on 09/27/23 at 3:11pm revealed: -The staff at the facility did not check his blood pressure. -He had his own blood pressure cuff and occasionally checked his own blood pressure. -He had not asked the staff to check his blood pressure because if he wanted to know what his blood pressure was he just checked it himself. -His blood pressure had never been very high when he checked it, but he did not always write down what his blood pressure values were. Interview with a medication aide (MA) on 09/28/23 at 11:55am revealed: -Resident #3 never had an order to check his VS that she was aware of. -Resident #3 never complained of symptoms of high blood pressure or requested her to check his blood pressure. Interview with Resident #3's PCP on 09/28/23 at 1:25pm revealed: -She was unsure if Resident #3 still needed to	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 18 have his VS checked twice daily due to hypertension. -Resident #3 never complained of high blood pressure or symptoms of high blood pressure to her. -She expected the MAs to be checking his VS twice daily if that was what she had ordered, or to contact her to discuss if the order could be discontinued. Interview with a second MA on 09/28/23 at 2:45pm revealed: -She had never seen an order to check Resident #3's VS twice daily. -She had never checked Resident #3's blood pressure. -Resident #3 had never requested to have his blood pressure checked. Interview with the Healthcare Director (HCD) on 09/28/23 at 4:25pm revealed: -She was not aware that Resident #3 had an order from 02/27/23 to check VS twice daily. -The MAs had not been checking Resident #3's VS because there was no documentation. -The HCD who was working in February 2023 would have been responsible for ensuring the blood pressure monitoring was entered on the eTAR and that the MAs were documenting his VS as ordered. -There were some blood pressures documented in February 2023, but it appeared the order was discontinued. -She did not have an order to discontinue VS checks available for review. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware that Resident #3 was not having his VS checked twice daily as ordered.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 19 -The HCD was responsible for ensuring the VS checks were placed on the eMAR or eTAR and that the MAs were checking VS twice daily as ordered. -Whichever staff had reviewed the entry on the eMAR or eTAR from February 2023 should have seen that there was a discontinue date entered and not approved the order. -He expected orders from the PCP to be followed. b. Review of Resident #3's physician's order dated 07/14/23 revealed an order for a vitamin B12 level and a vitamin D level to be drawn, and thyroid stimulating hormone (TSH) level to be drawn by the laboratory (lab) in one month. Review of Resident #3's physician's order dated 07/20/23 revealed a second order for lab to collect a vitamin D level on the next lab day. Review of Resident #3's physician's progress note dated 07/14/23 revealed: -Resident #3's vitamin B12 level on 12/28/22 was 310 pg/mL (normal rage 211 to 946 pg/mL); he had been taking a vitamin B12 1,000 mcg supplement daily. -She planned to obtain a repeat vitamin B12 level to assess efficacy of his current dose. -Resident #3's vitamin D level on 12/28/22 was low at 19.6 ng/mL (less than 20 is deficient, 20 to 30 is insufficient, and a level of 30 to 100 is sufficient), so he was started on a vitamin D supplement. -She planned to obtain a repeat vitamin D level to ensure his supplemental dose was adequate. -Resident #3's TSH level on 12/28/22 was 0.69 uIU/mL (reference rage being 0.450 to 4.5 uIU/mL) and on 06/13/23 was low at 0.399 uIU/mL. -She planned to decrease Resident #3's	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 20 medication dose and recheck his TSH level in one month. Review of Resident #3's physician's progress note dated 07/20/23 revealed: -Between Resident #3's primary care provider (PCP) and nephrologist there was a discrepancy regarding whether he should be taking a vitamin D supplement. -She wanted to check Resident #3's vitamin D level on the facility's next lab day. Review of Resident #3's resident record revealed there were no vitamin B12, vitamin D, or TSH lab results from July 2023 through 09/27/23 available for review. Interview with Resident #3 on 09/27/23 at 3:11pm revealed he had not had any lab work collected in the previous couple of months. Interview with Resident #3's PCP on 09/28/23 at 1:25pm revealed: -The physician she worked under had written the orders for Resident #3's vitamin B12, vitamin D and TSH levels to be checked. -There was no harm for missing the lab draws but she did expect the facility to ensure the lab tests were drawn from Resident #3 as ordered so that medication and supplement dosages could be adjusted if needed. Telephone interview with a representative from the facility's contracted lab on 09/28/23 at 3:00pm revealed: -The facility staff could enter lab orders into the computer system, but if they did not complete a lab requisition form and place it in the lab folder, the technicians would not know to draw the labs from the resident.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 21 -The orders for Resident #3's vitamin D and TSH were pending which meant they had not been collected. -She did not see an order entered for Resident #3's vitamin B12 level. -The facility had not contacted the lab to follow up on collecting a vitamin B12, vitamin D or TSH for Resident #3. Interview with the Healthcare Director (HCD) on 09/28/23 at 4:25pm revealed: -She was not aware that Resident #3 had lab tests that were never collected because she had not worked at the facility when the orders were written. -When a lab test was ordered for a resident, either a medication aide (MA) or the HCD were responsible for placing a requisition form in the lab book. -The lab technicians came to the facility to draw labs once per week and only drew labs that had a requisition form. -The PCP had never asked her about Resident #3's lab results that were missed. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware that Resident #3 had lab tests that were never collected. -When a lab order was received, the MA was responsible to place a requisition form in the lab book and make a copy of the order for the HCD to follow up on. -He expected if a lab draw was ordered for a resident, the proper steps would be followed by staff to ensure the lab was collected and the results provided to the ordering doctor. 3. Review of Resident #4's current FL2 dated 02/14/23 revealed diagnoses included atrial	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 22 fibrillation, hyponatremia, chronic kidney disease and hypertension. Review of Resident #4's physician's order dated 08/25/23 revealed an order to check blood pressure (BP) and weight in the morning on Monday, Wednesday, and Friday. Review of Resident #4's August 2023 electronic treatment administration record (eTAR) revealed: -There was an entry for BP and weight check scheduled Monday, Wednesday, and Friday at 8:00am with an order start date of 08/31/23. -There were no BPs or weights documented for August 2023. Review of Resident #4's September 2023 eTAR revealed: -There was an entry for BP and weight check Monday, Wednesday, and Friday scheduled at 8:00am. -There was documentation Resident #4's BP and weight were not checked on 09/04/23, 09/25/23 and 09/27/23 with no documented reason why. -There was documentation Resident #4's BP and weight were not checked on 09/20/23 with a documented reason of patient unable to take medication. -Resident #4's weight from 09/01/23 through 09/27/23 ranged from 194 to 204.4. -Resident #4's BP from 09/01/23 through 09/27/23 ranged from 107/75 to 144/77. Interview with Resident #4 on 09/28/23 at 11:20am revealed: -The medication aides (MA) did not always check her BP and weigh her on Monday, Wednesday, and Friday mornings. -The MAs weighed her by bringing a weight chair to her room.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 23 -On the days the MAs did not check her BP and weight she sometimes forgot to remind them. -When she did remember to ask the MAs to check her BP and weight, they would check them for her. -Her BP and weight had been stable since the staff started monitoring it. -She did not remember the day her weight was documented as 204.4 pounds, but she thought that was an incorrect reading because she would have noticed increased edema if her weight had been that high. -She had not experienced symptoms of elevated BP or weight in the previous month. Interview with a MA on 09/28/23 at 11:55am revealed: -Resident #4 was supposed to have her weight and BP checked daily. -She used the weight chair to weigh Resident #4, but the weight chair did not always work. -She had documented Resident #4's BP and weight check as patient unable to take medication on 09/20/23 because the weight chair had not been working correctly that day. -She had not told anyone about the weight chair not working on 09/20/23, but she did notify the Healthcare Director (HCD) about the weight chair that morning on 09/28/23. -She worked the morning of 09/25/23 and 09/27/23 when there was no documented BP and weight checks for Resident #4. -She thought she had checked Resident #4's BP and weight on 09/25/23 and 09/27/23, but her documentation did not save in the computer. -Resident #4 had not experienced any increased weight or edema on the days that she was working, or reported symptoms of high BP. Interview with Resident #4's primary care provider	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 24 (PCP) on 09/28/23 at 1:25pm revealed: -Resident #4 had heart failure and she was monitoring her BP and weight to ensure they did not fluctuate. -If Resident #4's weight did increase, she probably would not order anything new for her unless she was symptomatic. -Resident #4 had not experienced any adverse effects from missing days of her BP and weight checks because she had been symptomatically stable over the previous month. -She expected the MAs to check Resident #4's BP and weight every Monday, Wednesday, and Friday as ordered. Interview with a second MA on 09/28/23 at 2:45pm revealed: -She had not documented Resident #4's BP and weight check on 09/04/23. -Resident #4 never refused care, so the only reason she would not have checked her BP and weight would be if Resident #4 was not in her room. -She did not remember missing a BP and weight check for Resident #4. -Resident #4 had not reported or exhibited symptoms of increased BP or weight during her shifts. Interview with the HCD on 09/28/23 at 4:25pm revealed: -She was aware that the MAs sometimes missed days where they were supposed to check Resident #4's BP and weight. -She did an audit of the eTARs daily where she looked for missing documentation or entries documented as not obtained. -She had a meeting with the MAs on 08/23/23 where she discussed missing documentation with them but she could not remember if she had ever	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 276	Continued From page 25 mentioned Resident #4's undocumented BP and weight checks. -She had not yet completed an audit of that week's documentation. -Resident #4 had not reported any increased weight or edema to her. -She had not been aware of any issues with the weight chair working until that morning on 09/28/23. -She expected the MAs to check Resident #4's BP and weight every Monday, Wednesday, and Friday as ordered. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware that Resident #4 was not having her BP and weight checked every Monday, Wednesday and Friday as ordered. -The HCD was responsible to go behind the MAs and ensure they were completing all tasks as ordered by the PCP. -The HCD was supposed to run an audit every day of missing or late documentation and to follow up with each MA regarding why the task was not completed. -If the MA did not document a BP or weight value on the eTAR, it meant the BP and weight check was not completed. -He expected Resident #4's BP and weight check to be completed as ordered.	D 276		
D 278	10A NCAC 13F .0903(a) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (a) An adult care home shall assure that an appropriate licensed health professional participates in the on-site review and evaluation	D 278	Audit of all current resident charts to determine deficiencies to rule. LHPS to be conducted by nurse for those that do not meet compliance of rule.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 26 of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections, excluding	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 27 anticoagulants such as heparin. (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph(a)(14) of this Rule); (21) the monitoring of continuous positive air pressure devices (CPAP and BiPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed quarterly for 2 of 5 sampled residents (#2 and #4) with LHPS tasks of medication by	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 28 injection, finger stick blood sugars and assistance with an assistive device (#2) and for compression stockings and physical therapy (#4) and an initial LHPS evaluation was completed within 30 days of admission for 1 of 5 sampled residents (#1). The findings are: 1. Review of Resident #2's admission FL2 dated 02/11/22 revealed: -Diagnoses included cognitive impairment, diabetes mellitus and impaired mobility. -There was an order for finger stick blood sugars (FSBS) 2 times a day. -There was an order for insulin glargine 10 unit (used to lower elevated blood sugar levels) subcutaneously (SQ) every evening. -He was semi-ambulatory with the use of a cane or walker. Review of Resident #2's Resident Register revealed he was admitted to the facility on 02/11/22. Review of Resident #2's LHPS evaluation dated 07/13/23 revealed there were no LHPS tasks listed. Review of Resident #2's electronic medication administration record (eMAR) for August 2023 revealed: -Resident #2 was administered SQ insulin 33 of 40 opportunities. -A FSBS was documented for 52 of 62 opportunities. Review of Resident #2's eMAR from 09-01-23 to 09-26-23 revealed: -Resident #2 was administered SQ insulin on 24 of 26 opportunities.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 29 -A FSBS was documented for 50 of 52 opportunities. Interview with a medication aide (MA) on 09/28/23 at 11:20am revealed: -Resident #2 received long acting insulin at night and MAs obtained FSBS from him 2 times a day. -He used a walker and had to be reminded by staff to use the walker when he ambulated. Observation of Resident #2 on 09/28/23 at 11:25am revealed he was sitting in a chair with eyes closed in the memory care unit television room with his walker in the corner. Telephone interview with Resident #2s family member on 09/28/23 at 8:54am revealed: -Resident #2 received insulin since he was admitted in February 2022. -He required facility staff to perform FSBS and to assist him when he walked with his walker. Interview with the Memory Care Director (MCD) on 09/28/23 at 4:30pm revealed: -Resident #2's LHPS was current in July 2023. -Resident #2 had orders for insulin and FSBS 2 times a day. -Staff helped him use his walker to ambulate and had to remind him throughout the day to use the walker. -She was not aware that Resident #2's LHPS evaluation did not list those 3 tasks. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He knew Resident #2 had a current LHPS evaluation completed in July 2023. -He was not aware that Resident #2's LHPS evaluation did not have any tasks listed for him.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 30 Refer to the interview with the HCD on 09/28/23 at 5:46pm. Refer to the interview with the Administrator on 09/28/23 at 5:06pm. 2. Review of Resident #4's current FL2 dated 02/14/23 revealed: -Diagnoses included chronic kidney disease, hypertension, atrial fibrillation, and chronic kidney disease. -There was an order for physical therapy (PT) to evaluate for therapy. Review of Resident #4's Resident Register revealed Resident #4 was admitted to the facility on 01/13/23. Review of Resident #4's physician's order dated 02/22/23 revealed there was an order for knee-high compression stockings, apply in the morning and remove at bedtime. Review of Resident #4's physician's order dated 08/25/23 revealed an order to re-measure Resident #4's legs and apply new compression stockings every morning and remove every evening. Review of Resident #4's August 2023 electronic treatment administration record (eTAR) revealed: -There was an entry for compression socks, apply in the morning and remove at bedtime scheduled at 9:00am and 9:00pm. -There was documentation compression socks were applied and removed daily from 08/01/23 through 08/31/23. Review of Resident #4's September 2023 eTAR from 09/01/23 through 09/27/23 revealed:	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 31 -There was an entry for compression socks, apply in the morning and remove at bedtime scheduled at 9:00am and 9:00pm. -There was documentation compression socks were applied and removed daily from 09/01/23 through 09/27/23. Review of Resident #4's PT evaluation notes revealed Resident #4 received PT services at least once per week from January 2023 through 09/21/23. Review of Resident #4's Licensed Health Professional Support (LHPS) evaluation dated 03/18/23 revealed: -There were no LHPS tasks listed on the evaluation. -There were no subsequent LHPS evaluations available for review. Observation of Resident #4 on 09/27/23 at 10:05am and on 09/28/23 at 11:20am revealed she was sitting in her recliner chair with compression stockings on both lower legs with no edema observed through the compression stockings. Interview with Resident #4 on 09/28/23 at 11:21am revealed: -The medication aides (MA) assisted her with putting on her compression stockings every morning. -She had a history of falls prior to her admission to the facility and had been receiving PT services every week since her admission to the facility. Interview with the Healthcare Director (HCD) on 09/28/23 at 4:25pm revealed: -The facility did not currently have a LHPS nurse to complete evaluations.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 32 -She was not aware that Resident #4 was overdue for an LHPS evaluation. -She was not aware that on Resident #4's previous LHPS evaluation from March 2023, no LHPS tasks had been documented. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware Resident #4 did not have LHPS evaluations completed when due in June 2023 or September 2023. -He was not aware an LHPS evaluation needed to be completed within 30-days of the start of a new LHPS task, such as compression stockings. Refer to the interview with the HCD on 09/28/23 at 5:46pm. Refer to the interview with the Administrator on 09/28/23 at 5:06pm. 3. Review of Resident #1's current FL2 dated 08/01/23 revealed: -Diagnoses included hypertension, systolic and diastolic heart failure, hyperlipidemia, and rheumatoid arthritis. -She was ambulatory. -She was continent of bladder and bowel. Review of Resident #1's Resident Register revealed that Resident #1 was admitted to the facility on 08/03/23. Review of Resident #1's record revealed there was no LHPS evaluation available for review. Interview with Resident #1 on 09/28/23 at 2:15pm revealed: -She needed assistance transferring out of her bed to her chair.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 33 -She was independent when she first moved into the facility. Interview with a medication aide (MA) on 09/28/23 at 2:55pm revealed Resident #1 sometimes required assistance with transferring. Interview with the Healthcare Director (HCD) on 09/28/23 at 5:45pm revealed she did not know a LHPS evaluation was not completed for Resident #1 prior to 09/27/23. Interview with the Administrator on 09/28/23 at 5:05pm revealed he did not know Resident #1's initial LHPS evaluation was not completed within 30 days of admission prior to 09/28/23. Refer to interview with the HCD on 09/28/23 at 5:45pm. Refer to the interview with the Administrator on 09/28/23 at 5:06pm. Interview with the Healthcare Director (HCD) on 09/28/23 at 5:46pm revealed: -She was aware that an LHPS evaluation must be completed for each resident within 30 days of admission. -She was responsible to ensure LHPS evaluations were completed for residents within 30 days of admission. -She was aware that an LHPS evaluation was due within 30 days of a resident starting a new LHPS task. -The facility did not currently have a contracted LHPS nurse as of early September 2023 but was in the process of hiring one. -She did not think any LHPS evaluations were completed for any of the residents since she was hired in August 2023.	D 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 278	Continued From page 34 Interview with the Administrator on 09/28/23 at 5:06pm revealed: -He was aware LHPS evaluations were required to be completed within 30 days of admission and quarterly thereafter. -The previous HCD was a Registered Nurse (RN) and was able to complete LHPS evaluations for the residents. -The current HCD was not a RN and was not able to complete LHPS evaluations for the residents. -The facility did not currently have a contracted LHPS nurse and was in the process of hiring one. -The HCD was responsible to ensure that resident LHPS evaluations were completed within 30 days of admission and quarterly thereafter.	D 278		
D 299	10A NCAC 13F .0904(d)(3) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary guidelines for Americans 2020-2025, which are hereby incorporated by reference including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf for no cost. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 8 ounces of milk was served to	D 299	Dining staff will serve 8oz of milk twice a day during meal time to residents. Oversight to be provided by Dining Services Director	11/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 35 each resident in the secured assisted living unit. The findings are: Review of the facility's week-at-a-glance menu for regular diets revealed milk was to be served each day at breakfast, lunch and dinner. Observation of the lunch meal service in the secured assisted living unit on 09/27/23 between 11:50am and 12:20pm revealed: -There were 19 residents seated in the dining room. -There was a drink cart that had two pitchers of tea and one pitcher of lemonade. -There was no milk on the drink cart. -Each resident received one beverage, either tea or lemonade, except for three residents who were also served water. -None of the residents were offered milk or were served milk. Observation of the breakfast meal service in the secured assisted living unit on 09/28/23 between 8:20am and 8:40am revealed: -There were 17 residents seated in the dining room. -There was a drink cart that had one carafe of coffee along with two pitchers of orange juice. -Each place setting in the dining area had one juice glass. -All the residents were served orange juice in their juice glass. -At 8:27am a staff member walked into the dining area with three 8oz cartons of milk and used the milk to add to coffee cups which were served to 6 of the residents. -At 8:30am, the staff went to each table asking residents if anyone wanted milk to drink. -Five of the residents said they wanted milk to	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 36 drink so the staff went to the refrigerator and returned to the dining area with enough milk cartons for each resident who requested it. Observation of the refirgerator in the secured assisted living unit on 09/28/23 at 1:51pm revealed there was one large cardboard box that contained 8oz cartons of 2% reduced fat milk. Interview with a personal care aide (PCA) on 08/27/23 at 12:25pm revealed: -Staff served the residents milk upon request. -The kitchen only sent them pitchers of tea and lemonade to serve to the residents at lunch. -The residents in the secured unit were high functioning and able to make their requests known to staff. -If any of the residents requested milk, it available for serving but most of the residents only wanted tea or lemonade at lunch, and orange juice or coffee at breakfast. Interview with a resident in the secured assisted living unit on 09/28/23 at 8:15am revealed: -The staff did not serve the residents milk unless they requested it. -She would sometimes accept milk if it was offered to her. Interview with the Dietary Manager (DM) on 09/28/23 at 10:10am revealed: -The kitchen provided the secured assisted living unit with coffee and orange juice to serve at breakfast, and with tea and lemonade to serve at lunch and dinner. -He was not aware that each resident should be served milk in addition to the other beverage options. -The secured unit had a refrigerator that had a box of milk cartons for residents upon request.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 37 Interview with two kitchen aides on 09/28/23 at 10:25am revealed: -They prepared and sent tea and lemonade on the drink cart to the secured unit. -The refrigerator on the secured unit should have milk in it available for the staff to serve to the residents. -If the staff in the secured unit ran out of milk they were responsible to come to the kitchen for more. -They were both aware that all the residents in the secured unit should be served milk at each meal. Telephone interview with a resident's power of attorney (POA) on 09/28/23 at 1:55pm revealed: -During his visits to the facility, the residents were usually only served juice with breakfast. -The evening prior, on 09/27/23, he noticed that the residents were offered tea to drink and a couple of residents were served water. -The staff did not serve milk to all the residents and he could not remember if milk was offered. Interview with the secured unit Director on 09/28/23 at 5:00pm revealed: -Before each meal the staff in the secured unit were supposed to ask each resident what they wanted to drink. -Drink options included orange juice, coffee, milk and water for breakfast, and lemonade, tea, milk or water for lunch and dinner. -Residents in the secured unit were required to have a diagnosis of a cognitive disorder of some type and most of them had dementia. -It was not ideal for the residents in the secured unit to have multiple cups on the table for each of them because some of the residents grabbed for other residents' cups or played with the cups. -The residents in the secured unit were able to	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 38 tell the staff what they wanted to drink. -The staff were not expected to serve every resident milk if it was not requested. -She was not aware milk should be provided to all residents requiring memory care. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -In the secured assisted living unit the staff were expected to serve each resident what they requested to drink. -If a resident did not request milk, the staff were not supposed to serve them milk. -All the residents in the secured unit except for one or two were able to tell staff what they wanted to drink if they were told their options. -The residents who had more progressed levels of dementia could not always verbally express their beverage choices so the facility served them whatever their POAs said would be their beverage choice. -He did not think staff were serving milk to the residents who could not verbally express their beverage choice. -He was not aware milk should be provided to all residents requiring memory care.	D 299		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages.	D 306	Dining Services Director to ensure that water is to be served at each meal in addition to other beverages.	11/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 39 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure water was served in addition to other beverages, to each resident in the secured assisted living unit. The findings are: Review of the facility's week-at-a-glance menu for regular diets revealed water was not listed on the menu. Observation of the lunch meal service in the secured assisted living unit on 09/27/23 between 11:50am and 12:20pm revealed: -There were 19 residents seated in the dining room. -There was a drink cart that had two pitchers of tea and one pitcher of lemonade. -There were no pitchers on the drink cart with water. -Each resident received one beverage choice, either tea or lemonade, except for two residents who were served water. -During the meal one additional resident requested water and was served water. -The residents who did not receive water were not offered water. Observation of the breakfast meal service in the secured assisted living unit on 09/28/23 between 8:20am and 8:40am revealed: -There were 17 residents seated in the dining room. -There was a drink cart that had one carafe of coffee along with two pitchers of orange juice. -At 8:25am, one of the staff entered the dining area with a pitcher of water. -One resident requested water and received a	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 40 glass of water, the rest of the residents were only served orange juice. -Six residents were served coffee along with their orange juice. -The residents who did not receive water were not offered water. Interview with a personal care aide (PCA) on 08/27/23 at 12:25pm revealed: -Staff served the residents water upon request. -The kitchen only sent them pitchers of tea and lemonade to serve to the residents at lunch. -The residents in the secured unit were high functioning and able to make their requests known to staff. -If any of the residents requested water they had it available for serving but most of the residents only wanted tea or lemonade at lunch, and orange juice or coffee at breakfast. -She was not aware that water was supposed to be served to all residents in addition to other beverages. Interview with a resident in the secured assisted living unit on 09/28/23 at 8:15am revealed: -The staff did not serve the residents water unless they requested it. -She sometimes liked to drink water and would accept it if it was offered on a day that she wanted it. Interview with the Dietary Manager (DM) on 09/28/23 at 10:10am revealed: -The kitchen provided the secured assisted living unit with coffee and orange juice to serve at breakfast, and with tea and lemonade to serve at lunch and dinner. -He was not aware each resident should be served water in addition to the other beverage options.	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 41 -The secured unit had a refrigerator that had pitchers of water for residents upon request. Interview with two kitchen aides on 09/28/23 at 10:25am revealed: -They prepared and sent tea and lemonade on the drink cart to the secured unit. -The refrigerator on the secured unit should have a pitcher of water in it available for the staff to serve to the residents. -If the staff in the secured unit ran out of water they were responsible to come to the kitchen for more. -They were both aware that all the residents in the secured unit should be served water at each meal. Telephone interview with a resident's power of attorney (POA) on 09/28/23 at 1:55pm revealed: -During his visits to the facility, the residents were usually only served juice with breakfast. -The evening prior, on 09/27/23, he noticed that the residents were offered tea to drink and a couple of residents were served water. -The staff did not serve water to all the residents. Interview with the secured unit Director on 09/28/23 at 5:00pm revealed: -Before each meal the staff in the secured unit were supposed to ask each resident what they wanted to drink. -Drink options included orange juice, coffee, milk and water for breakfast, and lemonade, tea, milk or water for lunch and dinner. -Residents in the secured unit were required to have a diagnosis of a cognitive disorder of some type and most of them had dementia. -It was not ideal for the residents in the secured unit to have multiple cups on the table for each of them because some of the residents grabbed for	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 306	Continued From page 42 other residents' cups or played with the cups. -The residents in the secured unit were able to tell the staff what they wanted to drink. -The staff were not expected to serve every resident water. -She was not aware that water was supposed to be served to all residents in addition to other beverages. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -In the secured assisted living unit the staff were expected to serve each resident what they requested to drink. -If a resident did not request water, the staff were not supposed to serve them water. -All the residents in the secured unit except for one or two were able to tell staff what they wanted to drink if they were told their options. -The residents who had more progressed levels of dementia could not always verbally express their beverage choices so the facility served them whatever their POAs said would be their beverage choice. -He did not think staff were serving water to the residents who could not verbally express their beverage choice. -He was not aware that water was supposed to be served to all residents in addition to other beverages.	D 306		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310	Healthcare Director, Harmony Square Director, or designee to audit all current resident charts to review accuracy of resident diets.	12/29/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 43 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to serve therapeutic diets as ordered for 2 of 2 sampled residents (#6 and #7) who had orders for a mechanical soft (MS) diet. The findings are: 1. Review of Resident #6's current FL2 dated 01/02/23 revealed: -Diagnoses included stroke, dementia, neuropathy and atrial fibrillation. -She was ordered a consistent carbohydrate, MS diet. Review of Resident #6's diet order dated 07/13/23 revealed she had an order for a regular diet, MS texture. Review of the facility's therapeutic diet list dated 08/29/23 revealed Resident #6 was to be served a regular, MS diet. Review of the facility's therapeutic menu for a MS diet for the lunch meal on 09/27/23 revealed: -Resident #6 was to be offered a food selection containing chili mac, soft and chopped chilled steamed vegetables, soft and buttered bread or roll, carrot and ginger soup, lentil salad with feta cheese, milk and choice of beverage, and chef's choice of dessert. Review of the regular lunch menu posted in the kitchen for 09/27/23 revealed lunch service that day would include options of soup and salad, meat loaf, creamy turkey soup, macaroni and cheese, green beans, and dessert.	D 310	Dining Service Director, Healthcare Director, Harmony Square Director, or designee to review diets with dining staff to ensure understanding of dietary needs. Dining Services Director, Healthcare Director, Harmony Square Director, or designee to provide oversight of therapeutic diets and are being served as physician ordered.	12/29/23 12/29/23 Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 44 Review of the facility's therapeutic menus for a MS diet revealed a therapeutic diet menu containing meat loaf, creamy turkey soup, and macaroni and cheese was not provided. Observation of the lunch meal service on 09/27/23 between 11:50am and 12:20pm revealed: -Resident #6 was served one slice of meatloaf, unchopped green beans, thick macaroni and cheese, a piece of cornbread, a glass of water, and a cream-filled pastry for dessert. -There was no butter served with the cornbread. -Resident #6 ate 50% of her meal without difficulty. -Resident #6 should not have been served a slice of meatloaf. Review of the facility's therapeutic menu for a MS diet for the breakfast meal on 09/28/23 revealed: -Resident #6 was to be offered a food selection containing ham egg bake with small tender pieces of ham, soft and buttered toast, butter or margarine and jelly, soft seasonal fruit, hot cereal, and choice of juice, milk and coffee. Review of the facility's therapeutic menus for a MS diet revealed: -French toast was to be served soft and buttered and served with syrup and/or butter. -Bacon was not to be served on a MS diet. -A sausage patty should be served ground up with gravy. -Seasonal fruit should be served soft. -Hot cereal should be served well moistened. -Toast should be served buttered. -Scrambled eggs were served the same as a regular diet. -Hash browned potatoes were not listed on the therapeutic diet menus provided.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 45 Observation of the breakfast meal service on 09/28/23 between 8:20am and 8:40am revealed: -Resident #6 was served one slice of French toast without syrup or additional butter, a bowl of grits, one piece of toast, hash browns, one strip of bacon, one sausage patty, scrambled eggs, and a fruit mixture of cantaloupe and melon, and orange juice. -Resident #6 ate 100% of her French toast, toast, and her juice, and ate 1/2 of the piece of bacon, sausage patty, and grits without difficulty. Interview with the Dietary Manager (DM) on 09/27/23 at 2:33pm revealed: -He was not aware that Resident #6 had a diet order from 07/13/23 for a MS diet. -Upon review of the diet list in the kitchen, Resident #6 was listed as having a MS diet. Interview with a personal care aide (PCA) on 09/28/23 at 8:45am revealed: -Resident #6 was ordered a regular textured diet. -Resident #6 was always served a regular textured diet and never displayed symptoms of having trouble chewing or swallowing her food. -Resident #6 could not cut her own food anymore due to her dementia so staff helped her with that and sometimes had to help feed her. Interview with the DM on 09/28/23 at 10:10am revealed: -He was not aware Resident #6 had been served a regular textured meal that morning for breakfast. -He had not had time yesterday on 09/27/23, to inform the kitchen staff that Resident #6's diet order was for MS texture. -He did not have time between yesterday, 09/27/23 and today, 09/28/23, to clarify with	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 46 nursing staff what diet Resident #6 should be receiving. Interview with a dietary aide on 09/28/23 at 10:15am revealed: -She worked in the dietary department helping to serve meals to residents. -As far as she knew, all of the residents were ordered a regular textured diet. -Each morning, the staff in the secured assisted living unit asked each resident what they wanted to eat from that day's menu and the staff brought in a form to the kitchen with each resident's selections. -The kitchen served each resident what their food preference was. Interview with a second dietary aide on 09/28/23 at 10:20am revealed: -He was aware Resident #6 was on the therapeutic diet list to receive a MS diet. -He prepared Resident #6's plate for whatever the staff documented that day as her food selections whether or not it was MS. -He had not told anyone in the nursing department that Resident #6 preferred to eat foods that were not MS because staff changed so frequently, whenever he notified one of them about a dietary concern, nothing ever changed. -He served each resident based on their food requests from the menu that day rather than what was to be served according to their diet order. Interview with Resident #6's primary care provider (PCP) on 09/28/23 at 1:25pm revealed: -She could not remember why she had ordered a MS diet for Resident #6. -Nobody from the facility had contacted her to clarify whether or not Resident #6 needed to be on a MS diet.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 47 -She was not aware of Resident #6 having any trouble chewing or swallowing her food. -She expected the staff to serve Resident #6 a MS diet as she had ordered for her, or to contact her to discuss changing the order if needed. Telephone interview with Resident #6's power of attorney (POA) on 09/28/23 at 1:55pm revealed: -Resident #6 had been ordered a MS diet due to an acute illness after a hospitalization in January 2023. -He did not realize Resident #6's diet order was still for a MS diet. -He was with Resident #6 the evening prior, on 09/27/23, for dinner and she needed help cutting up her food but otherwise ate a chicken breast with no issues. -Resident #6 was always served a regular textured meal whenever he was at the facility visiting her. Interview with a medication aide (MA) on 09/28/23 at 2:45pm revealed: -In the secured assisted living unit, the MAs and PCAs passed out meals to each resident. -Resident #6 was ordered a regular textured diet. -She did not know if there was a therapeutic diet list for reference in the secured unit; but none of the residents received a mechanically altered diet. -Resident #6 did not cough or have trouble eating her regular textured meals. Interview with the secured assisted living unit Director on 09/28/23 at 4:18pm revealed: -In the secured unit the MAs and PCAs passed out meals to the residents and she usually oversaw the meals. -Everyone in the secured unit was ordered a regular textured diet.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 48 -Each day, the residents were asked what they wanted to eat from that day's menu and that was what the kitchen served them. -If a resident's diet order changed, she would notify the PCAs and MAs, and the kitchen staff, along with updated the resident's order in the computer system. -She was not aware Resident #6's diet order was for a MS texture. -She had never observed Resident #6 choking or having trouble swallowing regular textured food. -She started her position of Director one month prior and had started auditing the resident records, but had not audited Resident #6's record yet or she would have noticed her diet order. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware Resident #6 was ordered a MS diet. -None of the staff had notified him that Resident #6 was ordered a MS diet but was being served a regular textured diet based on her food selections at each meal. -He expected the kitchen to prepare and serve Resident #6 her meal MS as ordered. Refer to the interview with the DM on 09/27/23 at 2:33pm. Based on observations, record reviews and interviews, it was determined Resident #6 was not interviewable. 2. Review of Resident #7's current FL2 dated 06/01/23 revealed: -Diagnoses included dysphagia oropharyngeal phase, hyperlipidemia, congestive heart failure, and atrial fibrillation. -He was ordered a regular mechanical soft (MS)	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 49 diet and honey-like thickened liquids. Review of Resident #7's diet order dated 06/21/23 revealed an order for regular diet with MS texture and honey-like thickened liquids. Review of the facility's therapeutic menu for a MS diet for the lunch meal on 09/27/23 revealed: -Resident #7 was to be offered a food selection containing chili mac, soft and chopped chilled steamed vegetables, soft and buttered bread or roll, carrot and ginger soup, lentil salad with feta cheese, milk and choice of beverage, and chef's choice of dessert. Review of the facility's therapeutic menus for a MS diet revealed a therapeutic diet menu containing meat loaf, creamy turkey soup, and macaroni and cheese was not provided. Observation of the lunch meal service on 09/27/23 between 12:00pm and 12:40pm revealed: -Resident #7 was served one slice of meatloaf, unchopped green beans, thick macaroni and cheese, a piece of cornbread, a fruit bowl, a toasted bun, a slice of cheesecake and honey-thickened coffee. -Resident #7 ate a few bites of his meatloaf and macaroni and cheese without difficulty. Review of the facility's therapeutic menu for a MS diet for the breakfast meal on 09/28/23 revealed: -Resident #7 was to be offered a food selection containing ham egg bake with small tender pieces of ham, soft and buttered toast, butter or margarine and jelly, soft seasonal fruit, hot cereal, and choice of juice, milk and coffee. Review of the facility's therapeutic menus for a	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 50 MS diet revealed: -Seasonal fruit should be served soft. -Hot cereal should be served well moistened. -Toast should be served buttered. -Scrambled eggs were served the same as a regular diet. Observation of Resident #7's breakfast tray in his room on 09/28/23 at 8:50am revealed: -His spouse was preparing his honey-like thickened coffee from a pre-thickened packet of instant coffee. -Resident #7 was served scrambled eggs, oatmeal, a fruit cup with melon and cantaloupe, and two pieces of toast. Interview with Resident #7's spouse on 09/28/23 at 8:52am revealed: -Resident #7 received regular textured meals because he did not need MS foods. -Resident #7 had not eaten much for lunch on 09/27/23 because he had a loose bridge in his mouth and so they left lunch early to take him to the dentist. -Resident #7 usually ordered foods he was able to chew and swallow because he did not like to eat the MS foods prepared by the kitchen, so they stopped serving him a MS diet many months prior. -If the kitchen prepared Resident #7's foods to be MS texture, he would not eat it. -Resident #7 was able to cut his own food to the sizes of his preference. -Resident #7 chewed carefully and never had trouble swallowing his food. Interview with the Dietary Manager (DM) on 09/27/23 at 2:33pm revealed: -He was not aware Resident #7 had a diet order dated 06/21/23 for a MS diet.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 51 -Upon review of the diet list in the kitchen, Resident #7 was listed as having a MS diet with honey-like thickened liquids. -He thought Resident #7 had switched to a regular textured diet due to refusing the MS diet he had been served. -He had not told anyone in the nursing department about Resident #7's refusals to eat MS textured foods and to request the diet order be changed. Interview with a dietary aide on 09/28/23 at 10:15am revealed: -She worked in the dietary department helping to serve meals to residents. -As far as she knew, all of the residents were ordered a regular textured diet. -Each morning, the MAs or PCAs asked each resident what they wanted to eat from that day's menu, and they brought in a form to the kitchen with each resident's food selections. -The kitchen served each resident what their food preference was. Interview with a second dietary aide on 09/28/23 at 10:20am revealed: -He was aware Resident #7 was on the therapeutic diet list to receive a MS diet, but he and his spouse kept refusing the MS textured foods so they served him a regular textured meal. -He had not told anyone in the nursing department that Resident #7 preferred to eat foods that were not MS because staff changed so frequently that whenever he notified one of them about a dietary concern, nothing ever changed. -He served each resident based on their food requests from the menu that day rather than what their diet order said to serve. Interview with Resident #7's primary care provider	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 52 (PCP) on 09/28/23 at 1:25pm revealed: -Resident #7 had an illness a few months prior and his diet changed to MS during that time. -She did not realize Resident #7 was still receiving a MS diet, but he would probably be safe to return to a regular textured diet. -Nobody from the facility had contacted her to clarify whether Resident #7 needed to still be on a MS diet. -She was not aware of Resident #7 having any trouble chewing or swallowing his food. -She expected the staff to serve Resident #7 a MS diet as she had ordered for him, or to contact her to discuss changing the order if needed. Interview with a medication aide (MA) on 09/28/23 at 2:45pm revealed: -The kitchen staff served Resident #7 all his meals. -Resident #7 was ordered a regular textured diet but his food selections at meal times were usually softer food items. -Resident #7 did not cough or have trouble eating his regular textured meals. Interview with the Healthcare Director (HCD) on 09/28/23 at 4:25pm revealed: -Resident #7 was ordered a regular textured diet with thickened liquids. -She was not aware Resident #7's diet order dated 06/21/23 was for a MS diet. -The previous HCD who was working at the time Resident #7's diet order was written would have been responsible for notifying the kitchen staff and ensuring the diet list was updated. -None of the staff had notified her that Resident #7 was receiving a regular diet when he was ordered a MS diet, or that Resident #7 had refused the MS foods. -Resident #7 had not choked or had trouble	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 53 swallowing his foods. -The kitchen was responsible for serving each resident the diet they were ordered. Interview with the Administrator on 09/28/23 at 5:15pm revealed: -He was not aware Resident #7 was ordered a MS diet. -None of the staff had notified him that Resident #7 was ordered a MS diet but was being served a regular textured diet based on his preference. -He was aware Resident #7 had refused a MS diet in the past but thought his diet order had been changed back to regular texture. -He expected the kitchen to prepare and serve Resident #7 his meal MS as ordered or to notify the HCD so she contact the PCP to discuss changing the order if the resident was refusing. Attempted interview with Resident #7 on 09/28/23 at 9:00am was unsuccessful. Refer to the interview with the DM on 09/27/23 at 2:33pm. Interview with the Dietary Manager (DM) on 09/27/23 at 2:33pm revealed: -None of the residents at the facility were currently ordered a mechanically altered diet. -If a resident's diet order changed, the Healthcare Director (HCD) sent a slip to the kitchen with the diet order change. -He had to substitute the lunch meal menu on 09/27/23. -When substituting a meal he would refer to one of the other menus for how to prepare that food item to comply with a MS diet, but he was not aware that any of the residents were ordered a MS diet. -The staff in the kitchen were supposed to	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034112	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 54 reference the diet list when preparing meals but they had not been serving any of the residents a MS diet. -He was responsible for ensuring the kitchen staff knew which residents were ordered a therapeutic diet and the diet was served as ordered.	D 310		